

DEMOLITION PERMIT APPLICATION
BUILDING DEPARTMENT
107 COURTHOUSE SQUARE, OXFORD, MS 38655
(662) 232-2304
(662) 232-2797 FAX

Owners Name: _____

Job Address: _____

Zoning of Structure: _____

Historic/ Overlay District: Y _____ N _____

Contractor's Name: _____ Email Address: _____

Asbestos Report: Y _____ N _____

Demo date and duration: _____

Demolition Type: Exterior _____ Interior: _____

Usage: Commercial: _____ Residential: _____

Owner/ Contractor Signature Date

By my signature, I certify that I will be held responsible for any damage done to public or private property.

APPLICABLE SIGNATURES

City of Oxford Public Works Department

City of Oxford Electric Department

Centerpoint Energy

City of Oxford Planning Department